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FISCAL IMPACT REPORT

ORIGINAL DATE 1/21/09
 LAST UPDATED 1/26/09 HB 35

SPONSOR Begaye

SHORT TITLE Native American Teen Mental Health Program SB _____

ANALYST Burns

APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY09	FY10		
	\$50.0	Recurring	General Fund

(Parenthesis () Indicate Expenditure Decreases)

Relates to SB 31 Tesuque Pueblo Human Services Program (Cisneros)

SOURCES OF INFORMATION

LFC Files

Responses Received From-
 Department of Health and Indian Affairs Department

SUMMARY

Synopsis of Bill

House Bill 35 appropriates \$50.0 from the General fund to the Department of Health for the purpose of implementing a Native American adolescent health program focusing on mental health and teen suicide prevention.

FISCAL IMPLICATIONS

HB 35 would appropriate \$50.0 in recurring funds from the general fund to the DOH for expenditure in FY10. Any unexpended or unencumbered balance remaining at the end of fiscal year 2010 shall revert to the general fund.

The appropriation of \$50.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of 2010 shall revert to the general fund.

SIGNIFICANT ISSUES

According to Department of Health New Mexico suicide rates have historically been nearly twice the national rate. In the latest comparisons available, New Mexico's suicide rate for youth ages 15-24 for 2005-2007 was 20.1 compared to the 2005 national rate of 10.0. (New Mexico Racial and Ethnic Health Disparities Report Card). HB 35 would support efforts to decrease suicide rates and improve mental health outcomes among Native American youth in New Mexico. According to the 2008 NM Racial and Ethnic Health Disparities Report Card, American Indian and Alaska Native ("AI/AN") youth had the highest rates of suicide (28.8 per 100,000) compared to youth from all other races/ethnicities in the state. AI/AN youth are more likely to attempt suicide when compared to their peers; 25% of AI/AN youth reported that they had attempted suicide compared to only 15% of all youth.

PERFORMANCE IMPLICATIONS

Youth Suicide Prevention relates to Governor's Performance and Accountability Contract, Goal 4: Improve Behavioral Health through an Interagency Collaborative Model, Task 4.1 Reduce suicide among youth and high-risk individuals.

HB 35 also relates to the Department of Health FY10 Strategic Plan Individual Objective 4: Reduce suicide among all populations, specifically youth.

DOH reports on the number of students receiving behavioral health services in school-based health centers each quarter.

RELATIONSHIP

SB 31 Tesuque Pueblo Human Services Program is an appropriation made to the Indian Affairs Department which includes Native American youth led peer-to-peer suicide prevention counseling in the Pueblo of Tesuque.

OTHER SUBSTANTIVE ISSUES

In 2005, Governor Richardson's Youth Suicide Prevention Taskforce recommended that New Mexico develop a "continuum of culturally relevant, community-based suicide prevention programs."¹ Their recommendation also emphasized the need to increase local and community-oriented suicide prevention strategies.² HB 35 would help fulfill this recommendation by utilizing local youth and community resources to decrease the number of Native American youth suicides in New Mexico.

ALTERNATIVES

The state currently funds a youth peer-to-peer suicide prevention program through the Department of Health, Office of School-Based and Adolescent Health ("OSBAH") that is designed to avert Native American youth from reaching the point of attempting suicide

¹ NM Department of Health, "Governor Richardson's Youth Suicide Prevention Task Force: Recommendations to the Governor", Jan. 7, 2005, 2. Retrieved 1/7/08, http://www.sprc.org/stateinformation/PDF/resources/nm_recs.pdf.

² Ibid., 4.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

New Mexico would be without a much needed community resource to combat the higher than average rates of suicide among Native American youth.

POSSIBLE QUESTIONS

1. Is the funding sufficient to meet the intensions of the appropriation?
2. Will the appropriation be duplicating the efforts made by Department of Health's OSBAH program?

KJB/svb